

EXHIBIT I

2006 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer:

Gross Pay		Social Security Tax Withheld Box 4 of W-2		NY State Income Tax Box 17 of W-2 SUBSD	
	18606.39	1125.70		800.1	
Fed. Income Tax Withheld Box 2 of W-2		Medicare Tax Withheld Box 6 of W-2		Box 14 of W-2	
	1991.51	263.27		13.2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 7 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY, State Wages, Tips, Etc. Box 16 of W-2
Gross Pay				
Less 401(k) (D-Box 12)	18,606.39	18,606.39	18,606.39	18,606.39
Less Other Calc 125	860.03	N/A	N/A	860.03
Reported W-2 Wages	450.00	450.00	450.00	450.00
	17,296.36	18,156.39	18,156.39	17,296.36

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

NANCY E DENARDI
24 CARROLL DR
WAPPINGERS FALLS NY 12590

Social Security Number: 133-44-1547
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0 520 Additional Tax
STATE: 0

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Case 1:07-cv-05794-MGC

Date, accurate, FAST! Use **IRS e-file** visit the IRS Web Site at www.irs.gov/efile.

Employee Reference Copy
W-2 Wage and Tax Statement 2006

OMB No. 1545-0046

Control number 002339 12/XMD	Dept. I92590	Comp.	Employer use only T 33
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601			
Batch #00871			
a1 Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
b Employer's FED ID number 14-1794417	d Employer's SSA number 133-44-1547		
1 Wages, tips, other comp. 17296.36	2 Federal income tax withheld 1991.51		
3 Social security wages 18156.39	4 Social security tax withheld 1125.70		
5 Medicare wages and tips 18156.39	6 Medicare tax withheld 263.27		
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box ID D 880.03		
12b			
12c			
12d			
13 Sick pay, short-term disability pay, and other payments	14 Other 13.20 SDI		
15 State income tax NY 14-1794417	16 State wages, tips, etc. 17296.36		
17 Local income tax 880.16	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp. 17296.36		2 Federal income tax withheld 1991.51	
3 Social security wages 18156.39		4 Social security tax withheld 1125.70	
5 Medicare wages and tips 18156.39		6 Medicare tax withheld 263.27	
a Control number 002339 12XMD		Dept. IP1590	Employer use only T 33
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601			
b Employer's FED ID number 14-1794417		d Employer's SSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D1 860.03	
14 Other 13.20 SDI		12b <input type="checkbox"/>	
		12c <input type="checkbox"/>	
		12d <input type="checkbox"/>	
		13a Ret. plan <input checked="" type="checkbox"/> 13b Other plan <input type="checkbox"/>	
e Employer's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12580			
16 State (Employer's state ID no.) NY 14-1794417		18 State wages, tips, etc. 17296.36	
17 State income tax 800.16		19 Local wages, tips, etc.	
20 Local income tax		21 Locality name	
W-2 Federal Filing Copy Wage and Tax Statement 2006 Copy B to be filed with employee's Federal Income Tax Return. Form 941-SSA (10-0-00)			

1 Wages, tips, other comp. 17298.36		2 Federal income tax withheld 1991.51	
3 Social security wages 18156.39		4 Social security tax withheld 1125.70	
5 Medicate wages and tips 18156.39		6 Medicare tax withheld 263.27	
a Control number 002339 12/XMD		b Dpt. IS159D	c Corp. T
d Employer use only 33			
e Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601			
f Employer's FED ID number 14-1794417		g Employer's BSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a D 660.03	
14 Other 13.20 SDI		12b	
		12c	
		12d	
		13 Sick leave, Vol. plan, and family sick pay X	
h Employer's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
i State NY		j State wages, tips, etc. 17298.36	
k State income tax 800.16		l Local wages, tips, etc.	
m Local income tax		n Locality name	
NY State Reference Copy W-2 Wage and Tax Statement 2006 OMB No. 1545-0045			

1 Wages, tips, other comp. 17296.36		2 Federal income tax withheld 1991.51	
3 Social security wages 18156.39		4 Social security tax withheld 1125.70	
5 Medigap wages and tips 18156.39		6 Medicare tax withheld 263.27	
a Control number 002330 12/XMD		b Dep't. 191590	
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601		d Employer's SSN 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a D 850.03	
12b		12c	
12d		13a	
13.20 SDI		14a	
15a		15b	
16a		16b	
17a		17b	
18a		18b	
19a		19b	
20a		20b	
21a		21b	
22a		22b	
23a		23b	
24a		24b	
25a		25b	
26a		26b	
27a		27b	
28a		28b	
29a		29b	
30a		30b	
31a		31b	
32a		32b	
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34a		34b	
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111a		111b	
112a		112b	
113a		113b	
114a		114b	
115a		115b	
116a		116b	
117a		117b	
118a		118b	
119a		119b	
120a		120b	
121a		121b	
122a		122b	
123a		123b	
124a		124b	
125a		125b	
126a		126b	

2005 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer.

Gross Pay	39797.58	Social Security Tax Withheld	2509.82	NY State Income Tax	1759.2
		Box 4 of W-2		Box 17 of W-2	
Fed. Income Tax Withheld	4307.71	Medicare Tax Withheld	586.97	SUI/ADI	28.8
Box 2 of W-2		Box 6 of W-2		Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	39,797.58	39,797.58	39,797.58	39,797.58
Plus Third Party Sick Pay	683.40	683.40	683.40	683.40
Less 401(k) (D-Box 12)	1,959.90	N/A	N/A	1,959.90
Reported W-2 Wages	38,521.08	40,480.98	40,480.98	38,521.08

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

NANCY E DENARDI
24 CARROLL DR
WAPPINGERS FALLS NY 12590

Social Security Number: 133-44-1547
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0 320 Additional Tax
STATE: 0

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FAST! Use **W-2** Wage and Tax Statement **2005**

Visit the IRS Website at www.irs.gov

OMB No. 1545-0047

Copy 2 to be filed with employee's Federal Income Tax Return.

Control number: 002339 12/XMD Dept: 191590 Corp: A Employer use only: 35

Employer's name, address, and ZIP code:
IMAGING SUPPORT SERVICES LLC
1 COLUMBIA ST 1ST FLOOR
POUGHKEEPSIE NY 12601
Batch #00753

Employee's name, address, and ZIP code:
NANCY E DENARDI
24 CARROLL DR
WAPPINGERS FALLS NY 12590

Employer's FED ID number: 14-1794417 Employee's SBA number: 133-44-1547

1 Wages, tips, other comp.: 38521.08 2 Federal income tax withheld: 4307.71

3 Social security wages: 40480.98 4 Social security tax withheld: 2509.82

5 Medicare wages and tips: 40480.98 6 Medicare tax withheld: 586.97

7 Social security tips: 0 8 Allocated tips: 0

9 Advance EIC payment: 0 10 Dependent care benefits: 0

11 Nonqualified plans: 0 12a See instructions for box 12: D 1959.90

14 Other: 28.80 SDI 12b J 336.60

15 State Employer's state ID no.: NY 14-1794417 16 State wages, tips, etc.: 38521.08

17 State income tax: 1759.25 18 Local wages, tips, etc.: 0

19 Local income tax: 0 20 Locality name: 0

1 Wages, tips, other comp.: 38521.08 2 Federal income tax withheld: 4307.71

3 Social security wages: 40480.98 4 Social security tax withheld: 2509.82

5 Medicare wages and tips: 40480.98 6 Medicare tax withheld: 586.97

7 Social security tips: 0 8 Allocated tips: 0

9 Advance EIC payment: 0 10 Dependent care benefits: 0

11 Nonqualified plans: 0 12a See instructions for box 12: D 1959.90

14 Other: 28.80 SDI 12b J 336.60

15 State Employer's state ID no.: NY 14-1794417 16 State wages, tips, etc.: 38521.08

17 State income tax: 1759.25 18 Local wages, tips, etc.: 0

19 Local income tax: 0 20 Locality name: 0

Federal Filing Copy
W-2 Wage and Tax Statement **2005**

Copy 2 to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.: 38521.08 2 Federal income tax withheld: 4307.71

3 Social security wages: 40480.98 4 Social security tax withheld: 2509.82

5 Medicare wages and tips: 40480.98 6 Medicare tax withheld: 586.97

7 Social security tips: 0 8 Allocated tips: 0

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11 Nonqualified plans: 0 12a See instructions for box 12: D 1959.90

14 Other: 28.80 NY SDI 12b J 336.60

15 State Employer's state ID no.: NY 14-1794417 16 State wages, tips, etc.: 38521.08

17 State income tax: 1759.25 18 Local wages, tips, etc.: 0

19 Local income tax: 0 20 Locality name: 0

NY State Filing Copy
W-2 Wage and Tax Statement **2005**

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.: 38521.08 2 Federal income tax withheld: 4307.71

3 Social security wages: 40480.98 4 Social security tax withheld: 2509.82

5 Medicare wages and tips: 40480.98 6 Medicare tax withheld: 586.97

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15 State Employer's state ID no.: NY 14-1794417 16 State wages, tips, etc.: 38521.08

17 State income tax: 1759.25 18 Local wages, tips, etc.: 0

19 Local income tax: 0 20 Locality name: 0

NY State Filing Copy
W-2 Wage and Tax Statement **2005**

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 45539.01		2 Federal income tax withheld 4902.17	
3 Social security wages 47904.22		4 Social security tax withheld 2970.06	
5 Medicare wages and tips 47904.22		6 Medicare tax withheld 694.61	
A Control Number 002339 12/XMD	Dept. I91590	Corp. A	Employer use only 30
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601 Batch 001063			
b Employer's FED ID number 14-1794417		d Employer's BSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 2365.21	
14 Other 31.20 SDI		12b 12c 12d	
13 Stat emp. (ret. plan) and party sick pay X			
e Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
15 State Employer's state ID no. NY 14-1794417		16 State wages, tips, etc. 45539.01	
17 State income tax 2183.43		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
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Employee Reference Copy W-2 Wage and Tax Statement 2004 OMB No. 1545-0045			

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2004 pay stub plus any adjustments submitted by your employer.

Group Pay	47904.22	Social Security Tax Withheld Box 4 of W-2	2970.06	NY State Income Tax Box 17 of W-2 SUI/SDI	2183.43
Fed. income Tax Withheld Box 2 of W-2	4902.17	Medicare Tax Withheld Box 6 of W-2	694.61	Box 14 of W-2	21.20

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	47,904.22	47,904.22	47,904.22	47,904.22
Less 401(k) (D-Box 12)	2,365.21	N/A	N/A	2,365.21
Reported W-2 Wages	45,539.01	47,904.22	47,904.22	45,539.01

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

NANCY E DENARDI
24 CARROLL DR
WAPPINGERS FALLS NY 12590

Social Security Number: 133-44-1547

Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0

STATE: 0

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1 Wages, tips, other comp. 45539.01		2 Federal income tax withheld 4902.17	
3 Social security wages 47904.22		4 Social security tax withheld 2970.06	
5 Medicare wages and tips 47904.22		6 Medicare tax withheld 694.61	
A Control Number 002339 12/XMD	Dept. I91590	Corp. A	Employer use only 30
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601			
b Employer's FED ID number 14-1794417		d Employer's BSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 2365.21	
14 Other 31.20 SDI		12b 12c 12d	
13 Stat emp. (ret. plan) and party sick pay X			
e Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
15 State Employer's state ID no. NY 14-1794417		16 State wages, tips, etc. 45539.01	
17 State income tax 2183.43		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
Federal Filing Copy W-2 Wage and Tax Statement 2004 OMB No. 1545-0045			

1 Wages, tips, other comp. 45539.01		2 Federal income tax withheld 4902.17	
3 Social security wages 47904.22		4 Social security tax withheld 2970.06	
5 Medicare wages and tips 47904.22		6 Medicare tax withheld 694.61	
A Control Number 002339 12/XMD	Dept. I91590	Corp. A	Employer use only 30
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601			
b Employer's FED ID number 14-1794417		d Employer's BSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 2365.21	
14 Other 31.20 NY SDI		12b 12c 12d	
13 Stat emp. (ret. plan) and party sick pay X			
e Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
15 State Employer's state ID no. NY 14-1794417		16 State wages, tips, etc. 45539.01	
17 State income tax 2183.43		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
NY State Reference Copy W-2 Wage and Tax Statement 2004 OMB No. 1545-0045			

1 Wages, tips, other comp. 45539.01		2 Federal income tax withheld 4902.17	
3 Social security wages 47904.22		4 Social security tax withheld 2970.06	
5 Medicare wages and tips 47904.22		6 Medicare tax withheld 694.61	
A Control Number 002339 12/XMD	Dept. I91590	Corp. A	Employer use only 30
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601			
b Employer's FED ID number 14-1794417		d Employer's BSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 2365.21	
14 Other 31.20 NY SDI		12b 12c 12d	
13 Stat emp. (ret. plan) and party sick pay X			
e Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
15 State Employer's state ID no. NY 14-1794417		16 State wages, tips, etc. 45539.01	
17 State income tax 2183.43		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
NY State Filing Copy W-2 Wage and Tax Statement 2004 OMB No. 1545-0045			

1 Wages, tips, other comp. 37532.96	2 Federal income tax withheld 3902.03
3 Social security wages 39487.35	4 Social security tax withheld 2448.22
5 Medicare wages and tips 39487.35	6 Medicare tax withheld 572.57
a Control Number 002339 12/XMD	Dept. I91590 Corp. A Employer use only 32
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601	
Batch #00702	
b Employer's FED ID number 14-1794417	d Employee's SSA number 133-44-1547
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 1954.39
14 Other 31.20 SDI	12b 12c 12d
13 Stat emp. (not plan and party sick pay) X	
e/f Employee's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590	
15 State Employer's state ID no. NY 14-1794417	16 State wages, tips, etc. 37532.96
17 State income tax 1670.67	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Safe, accurate, FAST! Use efile Visit the IRS Web Site at www.irs.gov	
Employee Reference Copy W-2 Wage and Tax Statement 2003 Copy 2 for employer's records. OMB No. 1545-0048	

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2003 pay stub plus any adjustments submitted by your employer.

Gross Pay	39487.35	Social Security Tax Withheld Box 4 of W-2	2448.22	NY, State Income Tax Box 17 of W-2 SUMSDI	1670.6
Fed. Income Tax Withheld Box 2 of W-2	3902.03	Medicare Tax Withheld Box 6 of W-2	572.57	Box 14 of W-2	31.2

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY, State Wages, Tips, Etc. Box 16 of W-2
Less 401(k) (D-Box 12)	39,487.35	39,487.35	39,487.35	39,487.35
Reported W-2 Wages	1,954.39	N/A	N/A	1,954.39
	37,532.96	39,487.35	39,487.35	37,532.96

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

NANCY E DENARDI
24 CARROLL DR
WAPPINGERS FALLS NY 12590

Social Security Number: 133-44-1547
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0


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Saves 15% on tax preparation. Learn more at <http://taxpartner.adp.com>.

1 Wages, tips, other comp. 37532.96	2 Federal income tax withheld 3902.03
3 Social security wages 39487.35	4 Social security tax withheld 2448.22
5 Medicare wages and tips 39487.35	6 Medicare tax withheld 572.57
a Control Number 002339 12/XMD	Dept. I91590 Corp. A Employer use only 32
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601	
b Employer's FED ID number 14-1794417	d Employee's SSA number 133-44-1547
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 1954.39
14 Other 31.20 SDI	12b 12c 12d
13 Stat emp. (not plan and party sick pay) X	
e/f Employee's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590	
15 State Employer's state ID no. NY 14-1794417	16 State wages, tips, etc. 37532.96
17 State income tax 1670.67	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Filing Copy W-2 Wage and Tax Statement 2003 Copy 2 to be filed with employer's Federal Income Tax Return. OMB No. 1545-0048	

1 Wages, tips, other comp. 37532.96	2 Federal income tax withheld 3902.03
3 Social security wages 39487.35	4 Social security tax withheld 2448.22
5 Medicare wages and tips 39487.35	6 Medicare tax withheld 572.57
a Control Number 002339 12/XMD	Dept. I91590 Corp. A Employer use only 32
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601	
b Employer's FED ID number 14-1794417	d Employee's SSA number 133-44-1547
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 1954.39
14 Other 31.20 NY SDI	12b 12c 12d
13 Stat emp. (not plan and party sick pay) X	
e/f Employee's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590	
15 State Employer's state ID no. NY 14-1794417	16 State wages, tips, etc. 37532.96
17 State income tax 1670.67	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
NY, State Reference Copy W-2 Wage and Tax Statement 2003 Copy 2 to be filed with employer's State Income Tax Return. OMB No. 1545-0048	

1 Wages, tips, other comp. 37532.96	2 Federal income tax withheld 3902.03
3 Social security wages 39487.35	4 Social security tax withheld 2448.22
5 Medicare wages and tips 39487.35	6 Medicare tax withheld 572.57
a Control Number 002339 12/XMD	Dept. I91590 Corp. A Employer use only 32
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST 1ST FLOOR POUGHKEEPSIE NY 12601	
b Employer's FED ID number 14-1794417	d Employee's SSA number 133-44-1547
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 1954.39
14 Other 31.20 NY SDI	12b 12c 12d
13 Stat emp. (not plan and party sick pay) X	
e/f Employee's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590	
15 State Employer's state ID no. NY 14-1794417	16 State wages, tips, etc. 37532.96
17 State income tax 1670.67	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
NY, State Filing Copy W-2 Wage and Tax Statement 2003 Copy 2 to be filed with employer's State Income Tax Return. OMB No. 1545-0048	

1 Wages, tips, other comp. 34939.72		2 Federal income tax withheld 3709.62	
3 Social security wages 36762.92		4 Social security tax withheld 2279.30	
5 Medicare wages and tips 36762.92		6 Medicare tax withheld 533.06	
a Control Number 002339 XMD	b Dept. 191590	c Corp. A	d Employer use only 34
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/WESTAGE BG POUGHKEEPSIE NY 12601 Batch #00764			
b Employer's FED ID number 14-1794417		d Employee's SSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 1823.20	
14 Other 31.20 SDI		12b 12c 12d	
13 Split emp. (not plan) and party sick pay			
e/f Employee's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
15 State Employer's state ID no. NY 14-1794417		16 State wages, tips, etc. 34939.72	
17 State income tax 1485.72		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
State, accurate, FAST! Use  Visit the IRS Web Site at www.irs.gov.			
Employee Reference Copy W-2 Wage and Tax Statement 2002 Copy 2 to be filed with employee's state income tax return.			

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2002 pay stub plus any adjustments submitted by your employer

Gross Pay	36762.92	Social Security Tax Withheld Box 4 of W-2	2279.30	NY State Income Tax Box 17 of W-2 SUI/SDI	1485.72
Fed. Income Tax Withheld Box 2 of W-2	3709.62	Medicare Tax Withheld Box 6 of W-2	533.06		31.20

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	36,762.92	36,762.92	36,762.92	36,762.92
Less 401(k) (D-Box 12)	1,823.20	N/A	N/A	1,823.20
Reported W-2 Wages	34,939.72	36,762.92	36,762.92	34,939.72

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

NANCY E DENARDI
24 CARROLL DR
WAPPINGERS FALLS NY 12590

Social Security Number: 133-44-1547
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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Complete your tax returns in minutes - go to <http://taxpartner.adp.com>

1 Wages, tips, other comp. 34939.72		2 Federal income tax withheld 3709.62	
3 Social security wages 36762.92		4 Social security tax withheld 2279.30	
5 Medicare wages and tips 36762.92		6 Medicare tax withheld 533.06	
a Control Number 002339 XMD	b Dept. 191590	c Corp. A	d Employer use only 34
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/WESTAGE BG POUGHKEEPSIE NY 12601			
b Employer's FED ID number 14-1794417		d Employee's SSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 1823.20	
14 Other 31.20 SDI		12b 12c 12d	
13 Split emp. (not plan) and party sick pay			
e/f Employee's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
15 State Employer's state ID no. NY 14-1794417		16 State wages, tips, etc. 34939.72	
17 State income tax 1485.72		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Federal Filing Copy
W-2 Wage and Tax Statement 2002
Copy 2 to be filed with employee's state income tax return.

1 Wages, tips, other comp. 34939.72		2 Federal income tax withheld 3709.62	
3 Social security wages 36762.92		4 Social security tax withheld 2279.30	
5 Medicare wages and tips 36762.92		6 Medicare tax withheld 533.06	
a Control Number 002339 XMD	b Dept. 191590	c Corp. A	d Employer use only 34
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/WESTAGE BG POUGHKEEPSIE NY 12601			
b Employer's FED ID number 14-1794417		d Employee's SSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 1823.20	
14 Other 31.20 NY SDI		12b 12c 12d	
13 Split emp. (not plan) and party sick pay			
e/f Employee's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
15 State Employer's state ID no. NY 14-1794417		16 State wages, tips, etc. 34939.72	
17 State income tax 1485.72		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

NY State Reference Copy
W-2 Wage and Tax Statement 2002
Copy 2 to be filed with employee's state income tax return.

1 Wages, tips, other comp. 34939.72		2 Federal income tax withheld 3709.62	
3 Social security wages 36762.92		4 Social security tax withheld 2279.30	
5 Medicare wages and tips 36762.92		6 Medicare tax withheld 533.06	
a Control Number 002339 XMD	b Dept. 191590	c Corp. A	d Employer use only 34
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/WESTAGE BG POUGHKEEPSIE NY 12601			
b Employer's FED ID number 14-1794417		d Employee's SSA number 133-44-1547	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 1823.20	
14 Other 31.20 NY SDI		12b 12c 12d	
13 Split emp. (not plan) and party sick pay			
e/f Employee's name, address and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590			
15 State Employer's state ID no. NY 14-1794417		16 State wages, tips, etc. 34939.72	
17 State income tax 1485.72		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

NY State Filing Copy
W-2 Wage and Tax Statement 2002
Copy 2 to be filed with employee's state income tax return.

1 Wages, tips, other comp. 26765.95	2 Federal income tax withheld 3044.41
3 Social security wages 28168.13	4 Social security tax withheld 1746.42
5 Medicare wages and tips 28168.13	6 Medicare tax withheld 408.44
a Control Number 002339 XMD	Dept. 191590 Corp. A Employer use only 40
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/WESTAGE BG POUGHKEEPSIE NY 12601 Batch #00874	
b Employer's FED ID number 14-1794417	d Employee's SSA number 133-44-1547
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefit
11 Nonqualified plans	12a See instructions for box 12 D 1402.18
14 Other 31.20 SDI	12b 12c 12d
13 501(c)(29) plan and other sick pay X	
e Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590	
15 State Employer's state ID no. NY 14-1794417	16 State wages, tips, etc. 26765.95
17 State income tax 931.44	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Visit the IRS Web Site at www.irs.gov

Employee Reference Copy
W-2 Wage and Tax Statement **2001**
Copy C for employee's records. OMB No. 1545-0048

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2001 pay stub plus any adjustments submitted by your employer.

Gross Pay	28168.13	Social Security Tax Withheld Box 4 of W-2	1746.42	NY State Income Tax Box 17 of W-2 BUKSDI Box 14 of W-2	931.4
Fed. Income Tax Withheld Box 2 of W-2	3044.41	Medicare Tax Withheld Box 6 of W-2	408.44		31.20

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	28,168.13	28,168.13	28,168.13	28,168.13
Less 401(k) (D-Box 12)	1,402.18	N/A	N/A	1,402.18
Reported W-2 Wages	26,765.95	28,168.13	28,168.13	26,765.95

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

NANCY E DENARDI
24 CARROLL DR
WAPPINGERS FALLS NY 12590

Social Security Number: 133-44-1547
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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1 Wages, tips, other comp. 26765.95	2 Federal income tax withheld 3044.41
3 Social security wages 28168.13	4 Social security tax withheld 1746.42
5 Medicare wages and tips 28168.13	6 Medicare tax withheld 408.44
a Control Number 002339 XMD	Dept. 191590 Corp. A Employer use only 40
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/WESTAGE BG POUGHKEEPSIE NY 12601	
b Employer's FED ID number 14-1794417	d Employee's SSA number 133-44-1547
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefit
11 Nonqualified plans	12a See instructions for box 12 D 1402.18
14 Other 31.20 SDI	12b 12c 12d
13 501(c)(29) plan and other sick pay X	
e Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590	
15 State Employer's state ID no. NY 14-1794417	16 State wages, tips, etc. 26765.95
17 State income tax 931.44	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement **2001**
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp. 26765.95	2 Federal income tax withheld 3044.41
3 Social security wages 28168.13	4 Social security tax withheld 1746.42
5 Medicare wages and tips 28168.13	6 Medicare tax withheld 408.44
a Control Number 002339 XMD	Dept. 191590 Corp. A Employer use only 40
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/WESTAGE BG POUGHKEEPSIE NY 12601	
b Employer's FED ID number 14-1794417	d Employee's SSA number 133-44-1547
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefit
11 Nonqualified plans	12a See instructions for box 12 D 1402.18
14 Other 31.20 NY SDI	12b 12c 12d
13 501(c)(29) plan and other sick pay X	
e Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590	
15 State Employer's state ID no. NY 14-1794417	16 State wages, tips, etc. 26765.95
17 State income tax 931.44	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Reference Copy
W-2 Wage and Tax Statement **2001**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp. 26765.95	2 Federal income tax withheld 3044.41
3 Social security wages 28168.13	4 Social security tax withheld 1746.42
5 Medicare wages and tips 28168.13	6 Medicare tax withheld 408.44
a Control Number 002339 XMD	Dept. 191590 Corp. A Employer use only 40
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/WESTAGE BG POUGHKEEPSIE NY 12601	
b Employer's FED ID number 14-1794417	d Employee's SSA number 133-44-1547
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefit
11 Nonqualified plans	12a See instructions for box 12 D 1402.18
14 Other 31.20 NY SDI	12b 12c 12d
13 501(c)(29) plan and other sick pay X	
e Employee's name, address, and ZIP code NANCY E DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590	
15 State Employer's state ID no. NY 14-1794417	16 State wages, tips, etc. 26765.95
17 State income tax 931.44	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Filing Copy
W-2 Wage and Tax Statement **2001**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

a Contract number 002339 RND		OMB No. 1545-0008 RND	
b Employer identification number 14-1794417		100 002339	
c Employer's name, address, and ZIP code IMAGING SUPPORT SERVICES LLC 1 COLUMBIA ST/NESTAGE BG POUGHKEEPSIE NY 12601		1 Wages, tips, other compensation 24096.69	
d Employer's social security number 133-44-1547		3 Social security wages 24096.69	
e Employee's name, address, and ZIP code NANCY B DENARDI 24 CARROLL DR WAPPINGERS FALLS NY 12590		5 Medicare wages and tips 24096.69	
		7 Social security tips 24096.69	
		9 Advance EIC payment	
		11 Nonqualified plans	
		13 See instr. for box 13	
		14 Other	
		10 Dependent care benefits	
		12 Benefits included in box 1	
		31.20 NY SDI	
16 State NY	Employer's state I.D. no. 14-1794417	17 State wages, tips, etc. 24096.69	18 State income tax 775.36
		19 Locality name	20 Local wages, tips, etc.
		21 Local income tax	
		22 Salary employee	23 Dependent plan
		24 Local reg.	25 Defined contribution

Form **W-2** Wage and Tax Statement **2000**

Copy D For Employer

Department of the Treasury—Internal Revenue Service
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